

(1) PLACE OF BIRTH

County of

*Richland*

Township of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

2335

In Town of

*Columbia, S.C.*

Registration District No. *38*

Registered No. *1078*

City of

*No. 1903 Blandiney St.*

(For use of Local Registrar)

(2) Full Name of Child *Liddie Lee Ola Bruster*

If child is not yet named, make supplemental report as directed

(3) Sex *Female*

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married *Yes*

(7) DATE OF BIRTH

*June 6 1922*

FATHER.

MOTHER.

(8) FULL NAME

*Ossie Lee Bruster*

(10) NAME BEFORE MARRIAGE

*Ola Buff*

(9) PRESENT POSTOFFICE OF FATHER

*Columbia, S.C.*

(15) PRESENT POSTOFFICE OF MOTHER

*Columbia, S.C.*

(11) COLOR OR RACE

*Colored*

(12) AGE AT LAST BIRTHDAY

*21*

(16) COLOR OR RACE

*Colored*

(17) AGE AT LAST BIRTHDAY

*17*

(13) BIRTHPLACE

*Blakely Pa.*

(18) BIRTHPLACE

*Floresford, S.C.*

(14) OCCUPATION

*Laborer*

(19) OCCUPATION

*House keeper*

(20) Number of children born to mother, including present birth

*1*

(21) Number of children of this mother now living, including present birth

*1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *12:00* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Susan K. Smith*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *midwife 1920 Hardue St.*

Given name added from a supplemental report

(26) Witness

*Annie Brown*

(Signature of witness necessary only when question is asked by mark)

(27) Filled

*June 7 1922*

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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